

Hos

Maine Revenue Services Hospital Tax Return

041501000

Registration No.

Period Begin

Period End

Due Date

07-01-04**06-30-05****11-15-04****1. Entity Information****Use this area only to report changes in your business**

2. **OUT OF BUSINESS? Check here** ☐ Date closed: _____
Return permit to Maine Revenue Services
3. **OWNERSHIP CHANGE?** If you have changed ownership, indicate the date when this occurred here _____ and check off type of change below:
- ☐ Incorporated ☐ Partner added or dropped
☐ Other (explain on reverse)
☐ Sold to _____
4. **NAME CHANGE?** Attach explanation to this return.

ADDRESS CHANGE?: If your address above is incorrect, please make the appropriate changes to the preprinted address.

Do Not Use Red Ink!

Net Operating Revenue

1.

 , , .

Tax @ .0223

2.

 , , .

Remittance (multiply line 2 by 50%)

3.

 , , .

Payment Note: (1/2 of the tax is due November 15, the balance is due on May 15)



Mail To:
Maine Revenue Service
P.O. Box 9119
Augusta, ME 04332-9119

Signature and Title_____
Print Name_____
Date_____
Phone #